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LICENSE NU	MBER: 017000001		CITY OR TOWN	CANTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: MMEC,			
DOING BUSI	NESS A			
ADDRESS 10	0 EVERENDON RD.			
CITY/TOWN:	: CANTON	STATE: MA	ZIP CODE:	02021
MANAGER:	MAC DONALD, ROBERT B.	TYPE OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PRI			
FL.)FUNCTIO		IOP AREA,SHOWER RO LADIES ROOM,CATERI LE GOLF COURSE.		
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	e same premises now	licensed;
2. the	licensee has complied	with all laws of the Com	monwealth relating t	o taxes; and
3. the	premises are now open	n for business (If not expl	ain below)	
SIGNED BY	Individual Pa	rtner or Authorized Corp	orate Officer	
	marvidai, i a	Timer of Muniorized Corp	orace Officer	
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEFT	TONE NUMBER.		dividual Social Security Number)
Acts of 2004,	signed by the buildin	ig inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
			-	
DATE:				
DAIL.				



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LICENSE NUMB	ER: 017000002		CITY OR TOW	N CANTON	
APPLICATION F	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: MILTON HOOSIC C	LUB INC., THE			
DOING BUSINES	SS A				
ADDRESS 70 GR	REEN LODGE ST.				
CITY/TOWN: C	ANTON	STATE: MA	ZIP CODE:	02021	
MANAGER: LA	AMB, PATRICIA TYPE	OF LICENSE: C	ub	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PREMISE	S:			
	E BLDG WITH BATHIN MON ROOM WITH KITO			GROUND FLO	OOR.
I hereby certify an	d swear under penalties of	perjury that:			
	ewed license will be of the		=		
	ensee has complied with al		`	g to taxes; and	
3. the pre	mises are now open for bu	siness (If not exp	lain below)		
SIGNED BY	I. P. M. D. W.	A 41 1 C 1	000		
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:			EMPLOY.	VED IDENTIFICAT	
DATE.	TELEPHONE 1	NUMBER:		'ER IDENTIFICAT Individual Social S	
			·		
Acts of 2004, sign	ned, attest that we are in ned by the building inspend (2) the certificate of lie	ector and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	.piain)				
DATE:					



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LICENSE NU	MBER: 017000003		CITY OR TOWN CAN	TON
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N. DOING BUSI		AG CIVIC ASSOCIATIO	N, INC.	
ADDRESS 17	GREENBRIAR RD			
CITY/TOWN:	CANTON	STATE: MA	ZIP CODE: 0202	21
MANAGER:	SWEETLAND, ROBERT T.	TYPE OF LICENSE:C	club CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
ONE LARGE I hereby certify 1. the 2. the	N OF LICENSED PHALL-STORAGE F y and swear under pe renewed license will licensee has complie	ROOM AND KITCHEN enalties of perjury that: I be of the same type for the	ne same premises now license nmonwealth relating to taxes	
SIGNED BY	Individual, I	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	TIFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	he certificate required by Cad of the fire department for surance required by Chapt	or the above
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING A By:	AUTHORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	. 138 \$ 16A)



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LICENSE NUMBER: ()17000005		CITY OR TO	OWN CANTON	
APPLICATION FOR F	RENEWAL:	Annual	L	LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: I	Bar Management C	Corp			
DOING BUSINESS A	CANTON JUNC'S VIADUC	ΓΙΟΝ SPORTS PU	JB @BOSTON'	S BY THE	
ADDRESS 399 NEPOI	NSET ST.				
CITY/TOWN: CANT	ON	STATE: MA	ZIP COI	DE: 02021	
MANAGER: THOM	AS,JAMES P.TYF	PE OF LICENSE: R	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
REST. 2DINING RMS DECK SURROUNDIN			O INCLU- DE	15' X 36' CONCR	ETE
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for tl	he same premise	es now licensed;	
2. the licensee	has complied with	all laws of the Cor	mmonwealth rela	ating to taxes; and	
3. the premises	are now open for	business (If not ex	plain below)		
SIGNED BY					
1	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>N</u>	OT Individual Social	Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	spector and the he	ad of the fire d	lepartment for th	e above
Please Check Below:			LOCAL LI	ICENSING AUTH	HORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain)		·		
DATE:					



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LICENSE NU	MBER: 017000006		CITY OR TOWN CANTO)N
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE N	AME: THE JUNCTION	ON BAR AND GRILLE	E, INC.	
DOING BUSI	NESS A THE JUNCT	ION BAR AND GRILL	Æ	
ADDRESS 60	11 NEPONSET ST.			
CITY/TOWN	: CANTON	STATE: MA	ZIP CODE: 02021	
MANAGER:	COPPOLA, ENRICO	TYPE OF LICENSE:R	estaurant CATEGOR	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
2 STORY BL	DG,ONE ROOM AND	KITCHEN ON STREE	ET FLOOR, STORAGE IN BA	SEMENT
I hereby certif	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	ne same premises now licensed;	
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes; a	nd
3. the	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	rtner or Authorized Corp	porate Officer	
DATE				
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004,	signed by the building	g inspector and the hea	the certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	u expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	3 \$ 16A)



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LICENSE NUMBER: 017000007		CITY OR TOWN	CANTON	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: BLUE HILL ASSIDOING BUSINESS A BLUE HILL C.C ADDRESS 23 PECUNIT ST.				
CITY/TOWN: CANTON	STATE: MA	ZIP CODE:	02021	
	PE OF LICENSE: Res		ATEGORY:	All Alashal
	TE OF LICENSE. Res	taurant CF	TLOOK1.	All Alcohol
EMAIL ADDRESS:	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMI				
3 FLOORS; 1ST FLR;FOUR ROOMS,E LOUNGE. 2ND FLR; 3 ROOMS AND S BAR,KITCHEN. 3RD FLR; ONE ROOM	BOILER ROOM,LADI STOREROOM,MAIN	DINING ROOM LO		
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises now	licensed;	
2. the licensee has complied with		ě	taxes; and	
3. the premises are now open for	r business (If not expla	in below)		
SIGNED BY Individual, Partne	r or Authorized Corpo	rate Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	. IDENTIFICATI ividual Social Se	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUM	IBEK: 01/000008		CI	IY OR TOWN	CANTON	
APPLICATION	FOR RENEWAL	: Annua	1	LICEN	SED FOR 2	013
		CLAS	S			YEAR
LICENSEE NA	ME: CANTON T	OWN CLUB, INC.				
DOING BUSIN	ESS A					
ADDRESS 300	BAILEY ST.					
CITY/TOWN:	CANTON	STATE:	MA	ZIP CODE:	02021	
	ГНЕODORE, ГНОMAS W.	TYPE OF LICENS	E:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:		-			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION	OF LICENSED P	REMISES:				
BATH. GAME	ROOM AND STO	OM AND BAR,MEN'S RAGE AREA. SECO ADIES RESTROOMS	ND FLO	OR; MAIN HAI	L WITH BA	.R
I hereby certify	and swear under pe	enalties of perjury that				
1. the re	enewed license wil	l be of the same type for	or the sar	ne premises now	licensed;	
2. the li	censee has complie	ed with all laws of the	Common	wealth relating t	o taxes; and	
3. the p	remises are now op	en for business (If not	explain	below)		
SIGNED BY						
	Individual,	Partner or Authorized	Corporat	e Officer		
DATE:	TELE	PHONE NUMBER:				ΠΟΝ NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, si	igned by the build	we are in possession (ling inspector and the cate of liquor liability	e head of	the fire depart	ment for the	above
Please Check Below	<u>v:</u>]	LOCAL LICENS	SING AUTH	ORITY
APPROVED:			J	Зу:		
DISAPPROVEI						
(If disapproved	explain)					
DATE:						



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LICENSE NUM	IBER: 017000009		CITY OR TOWN	CANTON
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: WAMPATUCK	COUNTRY CLUB OF	CANTON, THE	
DOING BUSIN	ESS A			
ADDRESS 99 P	LEASANT GARDEN I	ROAD		
CITY/TOWN:	CANTON	STATE: MA	ZIP CODE:	02021
MANAGER:	EARDLEY, STEVE TY	YPE OF LICENSE: Ch	ıb C	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PREM			
	VOOD FRAME BLDG OF 3 ROOMS UPSTAII			AS A CLUB HOUSE
I hereby certify a	and swear under penaltic	es of perjury that:		
	enewed license will be o	• •	•	
	censee has complied with		=	o taxes; and
3. the pr	remises are now open for	or business (If not expl	ain below)	
CICNED DV				
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersi Acts of 2004, si	igned, attest that we ar	re in possession (1) th nspector and the head	(Note: <u>NOT</u> Inc e certificate requir d of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
We the undersi Acts of 2004, si named license a of 2010.	igned, attest that we an gned by the building in and (2) the certificate o	re in possession (1) th nspector and the head	(Note: <u>NOT</u> Inc e certificate requir d of the fire depart rance required by	ed by Chapter 304 of the ment for the above
We the undersit Acts of 2004, sit named license at of 2010. Please Check Below APPROVED:	igned, attest that we and igned by the building is and (2) the certificate of the certifi	re in possession (1) th nspector and the head	(Note: <u>NOT</u> Inc e certificate requir d of the fire depart rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED: [DISAPPROVEI	igned, attest that we an igned by the building it and (2) the certificate of	re in possession (1) th nspector and the head	(Note: NOT Inc e certificate requir d of the fire depart trance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersit Acts of 2004, sit named license at of 2010. Please Check Below APPROVED:	igned, attest that we an igned by the building it and (2) the certificate of	re in possession (1) th nspector and the head	(Note: NOT Inc e certificate requir d of the fire depart trance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED: [DISAPPROVEI	igned, attest that we an igned by the building it and (2) the certificate of	re in possession (1) th nspector and the head	(Note: NOT Inc e certificate requir d of the fire depart trance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED: [DISAPPROVEI	igned, attest that we an igned by the building it and (2) the certificate of	re in possession (1) th nspector and the head	(Note: NOT Inc e certificate requir d of the fire depart trance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: 01700001	0	CITY OR TOWN CANTON	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: ROSSGLO	OW LLC		
DOING BUSINESS A THE HII	LLSIDE PUB		
ADDRESS 4 ROYALL ST.			
CITY/TOWN: CANTON	STATE: MA	ZIP CODE: 02021	
MANAGER: MCCANN, WALTER	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE STORY BLDG INCLUDII FOR STORAGE	NG KITCHEN,LOUNGE ANI	D RESTROOMS PARTIAL BASEMENT	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the	same premises now licensed;	
2. the licensee has comp	lied with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	nin below)	
SIGNED BY			
Individual	I, Partner or Authorized Corpo	orate Officer	
			1
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the buil	ilding inspector and the head	e certificate required by Chapter 304 of the I of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NU	MBER: 017000011		CITY OR TOWN CANTO	DN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE N.	AME: 99 WEST, INC.			
DOING BUSI	NESS A 99 RESTAURA	NT PUBS		
ADDRESS 36	2 TURNPIKE ST.			
CITY/TOWN:	CANTON	STATE: MA	ZIP CODE: 02021	
MANAGER:	RUSSELL, LINDA TY M.	PE OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
MAIN DININ	G ROOM,COCKTAIL LO	OUNGE AND BANQ	UET ROOM	
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be of	f the same type for the	same premises now licensed;	
2. the	licensee has complied wit	h all laws of the Com	monwealth relating to taxes; as	nd
3. the	premises are now open fo	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soc	
Acts of 2004,	signed by the building in	nspector and the hea	e certificate required by Cha d of the fire department for urance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	a expiaiii)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NU	MBER: 017000012		CITY OR TOWN CANTO	N .
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: BETSY & SEA	AN CORP.		
DOING BUSI	NESS A NEW TURN	PIKE CAFÉ		
ADDRESS 95	88 TURNPIKE ST.			
CITY/TOWN	: CANTON	STATE: MA	ZIP CODE: 02021	
MANAGER:	BRODIGAN, PATRICK	TYPE OF LICENSE:R	estaurant CATEGOR	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u></u>
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
ONE STORY	WOODEN BLDG			
I hereby certif	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	ne same premises now licensed;	
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes; ar	nd
3. the	premises are now oper	n for business (If not exp	plain below)	
SIGNED BY	Individual, Par	rtner or Authorized Corp	porate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Acts of 2004,	signed by the buildin	g inspector and the he	he certificate required by Cha ad of the fire department for t surance required by Chapter 1	he above
Please Check Bel	low:		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017000014		CITY OR TOWN	CANTON	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ASIA RESTAU	JRANT INC			
DOING BUSINESS A GOLDEN CH	INA			
ADDRESS 599 WASHINGTON ST				
CITY/TOWN: CANTON	STATE: MA	ZIP CODE:	02021	
MANAGER: CHEN, CHI HING	ΓΥΡΕ OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE ONE FLOOR TWO ROOMS AND B I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied v 3. the premises are now open SIGNED BY Individual, Part	ASEMENT FOR STORA ties of perjury that: of the same type for the with all laws of the Comm	same premises now nonwealth relating to in below)		
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	R: 017000016		CITY OR TOWN	CANTON
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 497 WA		INC.		
CITY/TOWN: CAN	NTON	STATE: MA	ZIP CODE:	02021
MANAGER: TITU	JS, WENDY L. TYPI	E OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	BSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISI	ES:		
2 1/2 STORY BLDC STORAGE	G; CAFE,KITCHEN,D	INING ROOM ON	N FIRST FLOOR AN	ND BASEMENT FOR
I hereby certify and s	swear under penalties of	of perjury that:		
1. the renew	red license will be of the	ne same type for the	e same premises now	v licensed;
2. the licens	ee has complied with a	all laws of the Com	monwealth relating	to taxes; and
3. the premi	ses are now open for b	ousiness (If not expl	lain below)	
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the hea	d of the fire depart	red by Chapter 304 of the ement for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	1111)			
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	MONTH OF NOVEMBER (N	V.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 017000017	(CITY OR TOWN	CANTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 521 WA	SHINGTON ST.			
CITY/TOWN: CAI	NTON	STATE: MA	ZIP CODE:	02021
MANAGER: LAN ROL	MPRON, TYPONEY	PE OF LICENSE: Resta	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	LICENSED PREMIS			
		ND BASEMENT FOR	R STORAGE	
•	swear under penalties			1' 1
		the same type for the s all laws of the Commo	•	
	-	business (If not explai	•	taxes, and
	eses are now open for	ousiness (if not explai	ii delow)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
We the undersigne Acts of 2004, signe	ed, attest that we are d by the building ins	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departi	ividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	ed, attest that we are d by the building ins	in possession (1) the spector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the nent for the above
We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	ed, attest that we are d by the building ins	in possession (1) the spector and the head	(Note: <u>NOT</u> Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	ed, attest that we are d by the building ins (2) the certificate of	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	ed, attest that we are d by the building ins (2) the certificate of	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	ed, attest that we are d by the building ins (2) the certificate of	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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APPLICATION FOR RENEWAL: CLASS LICENSEE NAME: MATCOR, INC. DOING BUSINESS A MATT KELLY'S PUB ADDRESS 541 WASHINGTON ST. CITY/TOWN: CANTON STATE: MA MANAGER: KELLY, FRANCIS TYPE OF LICENSE: Resta G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	AGE ame premises now licensed; nwealth relating to taxes; and
LICENSEE NAME: MATCOR, INC. DOING BUSINESS A MATT KELLY'S PUB ADDRESS 541 WASHINGTON ST. CITY/TOWN: CANTON STATE: MA MANAGER: KELLY, FRANCIS TYPE OF LICENSE: Resta G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	ZIP CODE: 02021 urant CATEGORY: All Alcohol LADDRESS AGE ame premises now licensed; nwealth relating to taxes; and
DOING BUSINESS A MATT KELLY'S PUB ADDRESS 541 WASHINGTON ST. CITY/TOWN: CANTON STATE: MA MANAGER: KELLY, FRANCIS TYPE OF LICENSE: Resta G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	CATEGORY: All Alcohol LADDRESS AGE ame premises now licensed; nwealth relating to taxes; and
ADDRESS 541 WASHINGTON ST. CITY/TOWN: CANTON STATE: MA MANAGER: KELLY, FRANCIS TYPE OF LICENSE: Resta G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	LADDRESS AGE ame premises now licensed; nwealth relating to taxes; and
CITY/TOWN: CANTON STATE: MA MANAGER: KELLY, FRANCIS TYPE OF LICENSE: Resta G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	LADDRESS AGE ame premises now licensed; nwealth relating to taxes; and
MANAGER: KELLY, FRANCIS TYPE OF LICENSE: Resta G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	LADDRESS AGE ame premises now licensed; nwealth relating to taxes; and
G. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	AGE ame premises now licensed; nwealth relating to taxes; and
DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same type f	AGE ame premises now licensed; nwealth relating to taxes; and
DESCRIPTION OF LICENSED PREMISES: TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	AGE me premises now licensed; nwealth relating to taxes; and
TWO ROOMS ON STREET FLOOR, BASEMENT FOR STOR. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same type	ame premises now licensed; nwealth relating to taxes; and
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sa 2. the licensee has complied with all laws of the Commo 3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	ame premises now licensed; nwealth relating to taxes; and
the renewed license will be of the same type for the sa the licensee has complied with all laws of the Commo the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	nwealth relating to taxes; and
the licensee has complied with all laws of the Commo the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	nwealth relating to taxes; and
3. the premises are now open for business (If not explain SIGNED BY Individual, Partner or Authorized Corpora	•
SIGNED BY Individual, Partner or Authorized Corpora	a below)
Individual, Partner or Authorized Corpora	
DATE.	te Officer
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the cases of 2004, signed by the building inspector and the head on named license and (2) the certificate of liquor liability insura of 2010.	certificate required by Chapter 304 of the of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MON	



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LICENSE NUMBER: 0	17000019		CITY OR TO	OWN CANTON	
APPLICATION FOR R	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: J	NM HOSPITALIT	Y GROUP, INC			
DOING BUSINESS A	CENTER FIELD'S	BAR & GRILL			
ADDRESS 643 WASH	INGTON STREET	•			
CITY/TOWN: CANT	ON	STATE: M	A ZIP COD	DE: 02021	
MANAGER: MARA' JAMES		E OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEB	SSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC					
RESTAURANT WILL AND OUTSIDE SEAS		DINING ROOMS	S, GAME ROOM	I, SEPARATE BA	AR AREA,
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for	the same premise	s now licensed;	
2. the licensee	has complied with a	all laws of the Co	mmonwealth rela	ating to taxes; and	1
3. the premises	are now open for b	ousiness (If not ex	(plain below)		
SIGNED BY					
I	Individual, Partner o	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICA	
			(Note: <u>N</u>	OT Individual Social	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	ector and the h	ead of the fire d	epartment for th	e above
Please Check Below:			LOCAL LI	CENSING AUTH	HORITY
APPROVED:	1		By:		
DISAPPROVED:	 				
(If disapproved explain)	,				
					 -
DATE:					



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	CITY OR TOWN CANTON	
Annual	LICENSED FOR 2	013
CLASS		YEAR
RD J. BEATTY POS	Γ#24 INC	
STATE: MA	ZIP CODE: 02021	
PE OF LICENSE: Veto	erans club CATEGORY:	All Alcohol
EBSITE AND ENTER YOUR EM	AIL ADDRESS	_
T-2 ROOMS ON FIR	ST FLOOR, BASEMENT ROO)M
s of perjury that:		
the same type for the	same premises now licensed;	
all laws of the Comm	onwealth relating to taxes; and	
business (If not expla	in below)	
or Authorized Corpor	rate Officer	
IE NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: NOT Individual Social S	Security Number)
spector and the head	of the fire department for the	above
	LOCAL LICENSING AUTH	ORITY
	By:	
	Annual CLASS RD J. BEATTY POST STATE: MA PE OF LICENSE: Vete EBSITE AND ENTER YOUR EM SES: T-2 ROOMS ON FIRS s of perjury that: the same type for the s an all laws of the Comm be business (If not explain or or Authorized Corporate TE NUMBER: E in possession (1) the spector and the head	Annual CLICENSED FOR 2 CLASS RD J. BEATTY POST #24 INC STATE: MA ZIP CODE: 02021 PE OF LICENSE: Veterans club CATEGORY: EBSITE AND ENTER YOUR EMAIL ADDRESS SES: T-2 ROOMS ON FIRST FLOOR, BASEMENT ROO s of perjury that: the same type for the same premises now licensed; a all laws of the Commonwealth relating to taxes; and business (If not explain below) To Authorized Corporate Officer EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section possession (1) the certificate required by Chapter 116 E in possession (1) the certificate required by Chapter 116 LOCAL LICENSING AUTH



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LICENSE NUMBER: 017000021	l .	CITY OR TOWN CANTON
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MEDFIEL	D EATERIES. INC.	
DOING BUSINESS A Royal Sp	orts Café	
ADDRESS 2790 WASHINGTO	N ST.	
CITY/TOWN: CANTON	STATE: MA	ZIP CODE: 02021
MANAGER: MARATHAS, JAMES	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED		
ONE STORY BLDG,ONE FROM KITCHEN, DINING ROOM AND		NTRANCE IN REAR,FIRST FLOOR
I hereby certify and swear under j	penalties of perjury that:	
1. the renewed license w	ill be of the same type for the s	same premises now licensed;
2. the licensee has compl	lied with all laws of the Comm	onwealth relating to taxes; and
3. the premises are now	open for business (If not explain	in below)
SIGNED BY		
Individual	, Partner or Authorized Corpor	rate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buil	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01/	000023		CITY OR TOWN CANTON	
APPLICATION FOR REI	NEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: TE	DESCHI FOOD SI	HOPS, INC.		
DOING BUSINESS A C	ROWELL'S MARI	KET		
ADDRESS 2160 WASHI	NGTON ST.			
CITY/TOWN: CANTON	1	STATE: MA	ZIP CODE: 02021	
MANAGER: WALSH,	SUSAN D. TYPE	OF LICENSE: Pack	cage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASI	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF LICE	NSED PREMISES	S:		
ONE FLOOR, CELLAR F	OR STORAGE			
I hereby certify and swear	under penalties of	perjury that:		
1. the renewed lic	ense will be of the	same type for the s	same premises now licensed;	
2. the licensee has	s complied with all	laws of the Comm	onwealth relating to taxes; and	
3. the premises ar	re now open for bus	siness (If not expla	in below)	
SIGNED BY				
	lividual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	HIMDED.	EMPLOYER IDENTIFICAT	TION NUMBER:
	I ELEPHONE I	NUMBER:	(Note: NOT Individual Social S	
				•
Please Check Below: APPROVED:			LOCAL LICENSING AUTH	ORITY
DISAPPROVED:			By:	
(If disapproved explain)				
(II disapproved explain)				
				_
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 017000024		CITY OR TOWN	CANTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	: DEAN STREE	ET LIQUORS, INC.		
DOING BUSINESS	S A CANTON V	ILLAGE WINE & SPIRI	ITS	
ADDRESS 95 WAS	SHINGTON ST			
CITY/TOWN: CA	NTON	STATE: MA	ZIP CODE:	02021
	SON, FREY M.	TYPE OF LICENSE: Pa	ckage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRI	EMISES:		
		ITH FRONT AND REAI MMEDIATELY ADJAC		
2. the licens	see has complied	e of the same type for the with all laws of the Com n for business (If not expl	monwealth relating to	
SIGNED BY	Individual, Par	rtner or Authorized Corp	orate Officer	
DATE:	TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHORITY
(If disapproved expl	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	17000025		CITY OR TOW	N CANTON	
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: PADOING BUSINESS A					
ADDRESS 626 WASHI	NGTON ST.				
CITY/TOWN: CANTO	ON	STATE: MA	ZIP CODE:	02021	
MANAGER: WEDGE	, PAULA TYI	PE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC					
ONE STORY BLDG W STORAGE AREA WIT EGRESS					
2. the licensee h	as complied with	the same type for th all laws of the Con business (If not exp	nmonwealth relatin		
SIGNED BY	ndividual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0170	00027	C	ITY OR TOWN	CANTON	
APPLICATION FOR REN	EWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TRI	TOWN DISCCOUNT	LIQUORS, LL	C		
DOING BUSINESS A					
ADDRESS 00100A WASH	IINGTON STREET				
CITY/TOWN: CANTON	STA	ATE: MA	ZIP CODE:	02021	
MANAGER: TAMBER,	JOJHAR TYPE OF L	ICENSE: Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICEN	ISED PREMISES:				
ONE ROOM W/ 5200 S/F OBACK DOOR.	OF FLOOR SPACE O	N ONE FLOOI	R. ONE ENTRAN	NCE/EXIT; C	ONE
I hereby certify and swear u	inder penalties of perju	ry that:			
1. the renewed lice	nse will be of the same	type for the sar	me premises now	licensed;	
	complied with all laws		_	taxes; and	
3. the premises are	now open for business	s (If not explain	below)		
SIGNED BY			0.07		
Indiv	vidual, Partner or Auth	orized Corporat	e Officer		
DATE:	TEL EDITORE AND O	DED	EMDI OVED	IDENTIFICAT	ION NUMBER:
DITIE.	TELEPHONE NUM	BEK:	(Note: NOT Ind		
					, , ,
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
			-		
(ii disapproved explain)					
(II disapproved explain)					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017000033		CITY OR TOWN CANTON	
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: ABACUS F	IOLDINGS, INC		
DOING BUSINESS A MAI PLA	CE		
ADDRESS 323 TURNPIKE ST			
CITY/TOWN: CANTON	STATE: MA	ZIP CODE: 02021	
MANAGER: WU, CHEUK P	TYPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISI	TT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
SEATING FOR 48 PATRONS, W	TTH FRONT DOOR AND	REAR EXIT OUT OF MAIN BU	JILDING
I hereby certify and swear under pe	1 3 5	sama pramicas novelicansade	
	**	e same premises now licensed; monwealth relating to taxes; and	
•	pen for business (If not expl	•	
	yen for edomess (if not emp.		
SIGNED BY			
Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the hea	d of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disupproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	01/000036		CITY OR TOWN CANTO	IN
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	SPRINGDALES,INC.			
DOING BUSINESS A	SPRINGDALE'S			
ADDRESS 489 BOLIV	/AR ST			
CITY/TOWN: CANT	ON	STATE: MA	ZIP CODE: 02021	
MANAGER: GOULS Y	STON,EMIL TYPE	OF LICENSE: Pac	kage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LI				
40X40 OVERSIZED C	CAPE USED AS A RE	ETAIL STORE. O	NE ENTRANCE AND A RE.	AR EXIT —
3. the premises	has complied with all sare now open for bus	siness (If not expla		id
-	marviduai, i artiici or	Authorized Corpo	Tate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Below: APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVED:]		By:	
(If disapproved explain)			
DATE:				



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LICENSE NUMBER	R: 017000037		CITY OR TOWN	CANTON	
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NAS ENTERPRISES L	LC			
DOING BUSINESS	A RAY'S VARIETY				
ADDRESS 1036 TU	RNPIKE STREET				
CITY/TOWN: CAN	NTON S	STATE: MA	ZIP CODE:	02021	
MANAGER: SHIP	BLI, NASREEN TYPE O	F LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSITE LICENSED PREMISES:	AND ENTER YOUR EN	AAIL ADDRESS		
 the renew the licens 	swear under penalties of power and it is seen as complied with all lasses are now open for busing	ame type for the aws of the Comm	nonwealth relating to		
SIGNED BY	Individual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEPHONE NU	IMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	1222110112111	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			Ву:		
(If disapproved explain	ain)				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LICENS	EES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUN	MBER: 017000039		CITY OR TOWN	CANTON
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: IRISH CULTURAL	CENTER,INC.		
DOING BUSIN	NESS A			
ADDRESS 200) BOSTON DRIVE			
CITY/TOWN:	CANTON	STATE: MA	ZIP CODE:	02021
MANAGER:	MCTIGUE, MARY TYPE F.	OF LICENSE: Re	estaurant CA	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PREMISE			
	ge 'kitchen, restrooms, funct Fenced patio and tent	ion room, baseme	nt for storage. 2nd flo	or offices; storage,
I hereby certify	and swear under penalties of	f perjury that:		
1. the 1	renewed license will be of the	e same type for the	e same premises now l	icensed;
2. the l	licensee has complied with al	ll laws of the Com	monwealth relating to	taxes; and
3. the p	premises are now open for bu	usiness (If not exp	lain below)	
SIGNED BY				
	Individual, Partner or	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER I	IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, s	signed, attest that we are in signed by the building inspe- and (2) the certificate of li	ector and the hea	d of the fire departm	ent for the above
Please Check Belo	<u>w:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 017000043		CITY	OR TOWN	CANTON	
APPLICATION FO	R RENEWAL:	Annual	I	LICEN	SED FOR 20)13
		CLASS	\mathbf{S}			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 95 WAS	A BERTUCCI'S BE	RICK OVEN RI				
CITY/TOWN: CAI		STATE:	MA ZII	P CODE:	02021	
MANAGER: HAR					ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR W LICENSED PREMIS		OUR EMAIL ADDI	RESS		
2. the licens	swear under penalties wed license will be of ee has complied with ses are now open for	the same type for all laws of the	or the same processing or the processing of the same processing or t	lth relating to		
SIGNED BY	Individual, Partner	or Authorized (Corporate Of	ficer		
DATE:	TELEPHON	IE NUMBER:	1)			TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building in: (2) the certificate of	spector and the	head of the	fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOC By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 017000044		CITY OR TOWN CANTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N	AME: HALFWAY	CAFE INC.	
DOING BUSI	NESS A HALFWAY	CAFE,INC.	
ADDRESS 95	WASHINGTON ST		
CITY/TOWN	: CANTON	STATE: MA	ZIP CODE: 02021
MANAGER:	CAHILLANE, THOMAS	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
		OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
	ON OF LICENSED PR		
	O SQ FT, THREE EN APACITY, 30 EXTER		TWO UP FRONT, 70 INTERIOR
	premises are now ope	en for business (If not expla	
DATE:	TELE	DHONE MUMBER.	EMPLOYER IDENTIFICATION NUMBER:
	IELER	PHONE NUMBER:	(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above trance required by Chapter 116 of the Acts
Please Check Bel			LOCAL LICENSING AUTHORITY
DISAPPROVED:			By:
(If disapprove			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 017000046		CITY OR TOWN	CANTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	BAY STATE WIN	E & SPIRITS IN	C.		
ADDRESS 2740 W	ASHINGTON STRE	ET			
CITY/TOWN: CA	NTON	STATE: M	A ZIP CODE:	02021	
MANAGER: SAY	YAH, MARY S. TYI	PE OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
within the confines of back room, storage,		et shop/caterer. L	icensee will use about 2	00 sq ft inclu	ıding
2. the licens		all laws of the Co	the same premises now ommonwealth relating to xplain below)		
2101,22 2 1	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	X: 01/000048		CITY OR TO	WN CANTON	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A				
ADDRESS 620-22 V		T			
CITY/TOWN: CAI	NTON	STATE: MA	ZIP CODE	E: 02021	
MANAGER: BAK	KER, NISA T	YPE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF		R WEBSITE AND ENTER YOUR F MISES:	EMAIL ADDRESS		
I hereby certify and s	swear under penalt	ies of perjury that:			
• •	•	of the same type for the	e same premises	now licensed;	
2. the licens	ee has complied w	ith all laws of the Com	monwealth relat	ing to taxes; and	
3. the premi	ses are now open i	for business (If not exp	lain below)		
SIGNED BY	Individual, Parti	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social S	
Acts of 2004, signe	d by the building	are in possession (1) the inspector and the heater of liquor liability instructions.	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain					
(11 disapproved expl	uiii <i>)</i>				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED B	Y LICENSEES DURING THE M	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 10	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 017000049		CITY OR TOWN	N CANTON	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: P.B.& G. FOODS S A PETE'S PLACE ASHINGTON STRE	E BAR & GRILL			
CITY/TOWN: CA	ANTON	STATE: M	A ZIP CODE:	02021	
	ARQUES, T'	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOU IISES:	R EMAIL ADDRESS		
 the rene the licer 	nsee has complied wi	of the same type for the the all laws of the Co			
Acts of 2004, sign	ed, attest that we a	nspector and the h		tment for the	er 304 of the above
of 2010.		1			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] Dalain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 017000050		CITY OR TOWN	CANTON	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LAEL ENTER	PRISES, INC			
DOING BUSINESS	A THE NEWS	STAND			
ADDRESS 719 WA	SHINGTON ST				
CITY/TOWN: CAN	NTON	STATE: MA	ZIP CODE:	02021	
MANAGER: MAS	SSIH, DALE	TYPE OF LICENSE: Pa	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF		EMISES:			
SEE ATTACHED A	DDENDUM				
2. the licens	red license will be ee has complied	of the same type for the with all laws of the Com of for business (If not exp	nmonwealth relating t		
SIGNED BY	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPH	HONE NUMBER:			TION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01700	00054	CITY OR TOWN	CANTON
APPLICATION FOR RENI	EWAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: B & I	PROVISIONS, INC.		
DOING BUSINESS A			
ADDRESS 11 WASHINGT	ON STREET		
CITY/TOWN: CANTON	STATE: N	IA ZIP CODE:	02021
MANAGER:	TYPE OF LICENSE	:Package Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
1ST FLOOR CONVENIEN 17,000 SQ. FT. TOTAL 1	CE FOOD STORE W/BEER 6 8,000 SQ. FT.	& WINE BASEMENT,S	STORAGE ONLY
2. the licensee has of 3. the premises are SIGNED BY	nse will be of the same type for complied with all laws of the C now open for business (If not of idual, Partner or Authorized C	commonwealth relating to explain below)	
indi,	idual, i armor of ridulorized C	orporate officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHORITY
DISAPPROVED:		~ <i>j</i> .	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017000056	5	CITY OR TOWN	CANTON
APPLICATION FOR RENEWAL	L: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: AJIT NAM DOING BUSINESS A 7 ELEVE ADDRESS 504 WASHINGTON	MBIAR EN		12.11
CITY/TOWN: CANTON	STATE: MA	ZIP CODE:	02021
MANAGER: NAMBIAR,AJIT	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED APPROX. 2,500 SQ. FT. OF STO ENTRANCE/EXIT TO 10,000 S	ORAGE IN REAR. EMERG	ENCY EXIT IN REA	AR. FRONT DOOR
2. the licensee has completed as the premises are now of SIGNED BY	ill be of the same type for the lied with all laws of the Compen for business (If not explored partners), Partner or Authorized Corp	monwealth relating to	
DATE: TEL	EPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NU	MBER: 017000059		CITY OR TOW	N CANTON	
APPLICATIO	N FOR RENEWAL	: Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: CANTON L	LODGING, LLC			
DOING BUSI	NESS A HOMEWO	OOD SUITES			
ADDRESS 50	ROYALL STREET				
CITY/TOWN:	: CANTON	STATE: MA	ZIP CODE:	02021	
MANAGER:	HAZEL, NICKOLAS	TYPE OF LICENSE: I	nnholder	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:			
FOUR STORY	Y WOOD BUILDIN	G; TEN ENTRANCES A	ND EXITS; 1,180 S	SQ FT.	
I hereby certify	y and swear under pe	enalties of perjury that:			
1. the	renewed license wil	l be of the same type for the	ne same premises no	ow licensed;	
2. the	licensee has complie	ed with all laws of the Cor	nmonwealth relating	g to taxes; and	
3. the	premises are now of	pen for business (If not exp	plain below)		
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer		
DATE:	TELE	EPHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	signed by the build	we are in possession (1) t ling inspector and the he cate of liquor liability in	ad of the fire depa	rtment for the	above
Please Check Bel	ow:		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 017000060		CITY OR TOWN	CANTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: JW ZHENG,	INC.		
DOING BUSI	NESS A TAKARA J	APANESE RESTAUI	RANT	
ADDRESS 592	2 WASHINGTON ST	reet		
CITY/TOWN:	CANTON	STATE: N	MA ZIP CODE:	02021
MANAGER:	ZHENG, DONG	TYPE OF LICENSE	E:Restaurant C	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
	ONS IN DINING RO		CE AND EMERGENCI ITCHEN, STORAGE R	
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for	r the same premises now	v licensed;
2. the	licensee has complied	l with all laws of the C	Commonwealth relating	to taxes; and
3. the	premises are now ope	en for business (If not	explain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized C	Corporate Officer	
DATE:	TELED	MIONE NUMBER.	EMPI OYE	R IDENTIFICATION NUMBER:
	IELEP	PHONE NUMBER:		dividual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the	head of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
				
DATE:				
•				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 017000061	(CITY OR TOWN CANTON				
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013					
	CLASS	YEAR				
LICENSEE NAME: CANTON GOURM	IET INC.					
DOING BUSINESS A GOURMET GAR	DEN					
ADDRESS 95 WASHINGTON STREET						
CITY/TOWN: CANTON	STATE: MA	ZIP CODE: 02021				
MANAGER: HUANG, RICKY TYP ZHONG QUIG	E OF LICENSE: Rest	aurant CATEGORY: All Alcohol				
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS				
DESCRIPTION OF LICENSED PREMIS						
UNIT C4826 SQ FT WITH DINING R & OFFICE WITH MENS AND WOMEN FOR 16ONE MAIN ENTRANCE AND	'S REST ROOMSS	EASONAL PATIO WITH SEATING				
I hereby certify and swear under penalties	of perjury that:					
1. the renewed license will be of t	he same type for the s	ame premises now licensed;				
2. the licensee has complied with	all laws of the Comme	onwealth relating to taxes; and				
3. the premises are now open for l	business (If not explai	n below)				
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer				
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:				
		(Note: NOT Individual Social Security Number)				
Acts of 2004, signed by the building ins	pector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts				
Please Check Below:		LOCAL LICENSING AUTHORITY				
APPROVED:	By:					
DISAPPROVED: (If disapproved explain)		. <u></u>				
(ii disapproved explain)						
DATE:						



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LICENSE NUMBER: 01	7000062		CITY OR	CITY OR TOWN CANTON				
APPLICATION FOR RE	ENEWAL:	Annual		LICENSED FOR 2013				
		CLASS				YEAR		
LICENSEE NAME: KF	RISTINA MIKE	LENIENE						
DOING BUSINESS A	AMBER ROAD	CAFÉ						
ADDRESS 635 WASHIN	NGTON STREE	ET						
CITY/TOWN: CANTO	N	STATE: M	A ZIP CO	ODE:	02021			
MANAGER: MIKELE KRISTIN	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE:	Restaurant	CA	TEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:								
PLEAS	SE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS					
DESCRIPTION OF LICI								
ONE FLOOR WITH DIN SF.	NING ROOM (:	30 SEATS) KITHO	CNE, PREP RO	OOM, ST	ORAGE RO	OOM 200		
I hereby certify and swear	r under penalties	s of perjury that:						
1. the renewed li	cense will be of	the same type for	the same premi	ises now 1	icensed;			
2. the licensee ha	as complied with	all laws of the Co	mmonwealth r	elating to	taxes; and			
3. the premises a	re now open for	business (If not ex	xplain below)					
SIGNED BY								
Ind	dividual, Partner	or Authorized Co	rporate Office	r				
DATE:	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER:				
			(Note: NOT Individual Social Securit			ecurity Number)		
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building in	spector and the h	ead of the fire	departm	ent for the	above		
Please Check Below:			LOCAL	LICENSI	NG AUTHO	ORITY		
APPROVED:			By:					
DISAPPROVED:								
(If disapproved explain)								
DATE:								